



Payment Plan Agreement

New and returning students who have not returned this completed form before July 31 will be automatically assigned to the Payment in Full Plan. Please go to www.tlc.edu for more information on payment schedules. (Go to "Current Students" and click on "Student Accounts.")

_____ For the 20____ - 20____ Academic Year
Student's Name (please print)

_____ Relationship _____ (____) _____
Person Responsible for Payment Phone

_____ City _____ State _____ Zip _____
Address

Please indicate desired payment plan:

- Payment in Full Plan:** Fall Semester tuition is due August 15 and Spring Semester tuition is due January 15.
- Trinity Payment Plan:** 10 monthly installments during the year due the first day of each month. Fall semester is billed August through December and Spring semester is billed January through May. An administrative fee of \$50 per semester will be added to the balance of your account for using the payment plan. If payment is not made by the 10th of each month an additional late fee of 3% of your balance will be added.

I agree to be responsible for my financial obligations to Trinity Lutheran College for any and all fees related to my enrollment. I understand that if for some reason of hardship I cannot meet these obligations, it is my responsibility to make alternate arrangements for payment through the Student Accounts Office at Trinity. I also understand that I may be dismissed from the college if there are outstanding payments due on my account and I have failed to make alternate arrangements and that my transcripts and/or diploma may be withheld.

_____ Date _____
Student Signature

Please return to:
Student Accounts Office
Trinity Lutheran College
2802 Wetmore Ave
Everett, WA 98201

